

Registration District No. 498

Primary Registration District No. 4806

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Bucklin
(c) Name of hospital or institution:
North east Bucklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME Billy Ennes Teefer

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased: Aug 29 1936
(Month) (Day) (Year)

8. AGE: Years 4 Months 9 Days 2 If less than one day - hr. - min.

9. Birthplace Bucklin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Henry F. Teefer
13. Birthplace Bucklin Mo.
14. Maiden name Alpha Epperson
15. Birthplace Elmer Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry F. Teefer
(b) Address Bucklin Mo.

17. (a) Burial (b) Date thereof June 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Massie Cem. Bucklin Mo.

18. (a) Signature of funeral director Funeral Service
(b) Address Bucklin Mo.

19. (a) June 3 41 (b) J. J. Baertwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn
(c) City or town Bucklin
(If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1, year 1941 hour 4 minute 30 PM

21. I hereby certify that I attended the deceased from 8/29, 1936, to 6/1, 1941;
that I last saw him alive on 6/1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 12 hrs.
Due to Sepsis Duration 24 hrs.
Unknown origin

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93B

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? - (Specify type of place) (e) Means of injury -

23. Signature H. B. Sprague Date signed 6/7/41
Address Bucklin, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4037

P. O. Address Bucklin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.